

3. **Who should perform my colonoscopy?**

You will want to ask about the education and training of the person who will be doing your colonoscopy. This person should be a licensed physician who has had formal training in endoscopy. Dr. Mackler is a gastroenterologist who specializes in colonoscopy and caring for persons with bowel and digestive diseases.

4. **How do I know if the doctor who is going to do my colonoscopy is competent and will do a good job?**

There are several quality indicators for colonoscopy that have been identified by the American Society for Gastrointestinal Endoscopy (ASGE). An experienced endoscopist should be able to reach the end of the colon at least 95% of the time and take his time examining your colon. He should also detect polyps on a consistent basis. It is expected that over the age of 50, 25% of men and 15% of women undergoing a screening colonoscopy will have an adenomatous (pre-cancerous) polyp. Dr. Mackler participates in a gastrointestinal quality registry to track his performance and continually improve patient care.

5. **Is the bowel cleansing for the colonoscopy as bad as I have heard?**

There are new preparations that most patients find to be better than they expected. What has not changed is that the cleaner your colon, the better the quality of the colonoscopy. Our staff will give you the information and support you need to successfully prepare for your colonoscopy.

6. **Where will my colonoscopy be done and how long does it take?**

For most of our patients, the Seaford Endoscopy Center is the preferred location due to the cost, convenience and specialized care they receive. Most patients are at the Center less than two hours from the time they arrive. Our Center has an overall patient satisfaction rating of 96.6%. A recent patient commented, "Clean facility, courteous and knowledgeable staff from the receptionist thru the physicians. I will highly recommend this facility to anyone."

7. **Will I be awake and uncomfortable during my colonoscopy?**

Our anesthesiologist will give you intravenous sedation that will allow you to undergo your colonoscopy without pain or awareness of the procedure. The sedation wears off quickly after the procedure and leaves patients feeling relaxed and amazed that their procedure is complete.

8. **What are my chances for experiencing a complication?**

As with any procedure, there are potential risks that will be explained to you. Our quality data indicates that your risk of experiencing a complication at the Center is lower than what has been reported to the ASGE.

9. **Are there any other ways to check for polyps and colon cancer?**

Colonoscopy is the only 1-step test to screen for CRC. During a colonoscopy, Dr. Mackler can see and remove polyps and detect CRC. Stool-based tests and imaging tests are called 2-step tests because if they are positive, a follow-up colonoscopy would be required as a second test. Polyps can only be removed during a colonoscopy.

10. **How often should I have a colonoscopy?**

Screening colonoscopy is recommended a minimum of every 10 years. More frequent colonoscopies may be recommended by your gastroenterologist if they determine you to be at higher risk for CRC based on your personal history of colon polyps or CRC, your family history of CRC, other medical conditions, or any symptoms you may be experiencing.

11. **Will my insurance pay for my colonoscopy?**

Both private insurers and Medicare are required to cover the costs of CRC screening tests. After your visit with Dr. Mackler, our patient accounts manager will let you know what, if any, out of pocket costs you can expect for your colonoscopy.

Please contact our office for more information or to schedule your screening colonoscopy.



13 Fallon Ave
Seaford, DE 19973
302-629-7177

Colon Cancer Screening

45 IS THE
New 50

Now "45 is the new 50" to start screening for everyone at average risk for colorectal cancer. Your gastroenterologist can find colon polyps early so they can be safely removed and help to prevent colorectal cancers.



Colorectal Cancer: You Can Prevent It | GI.ORG/COLONCANCER



Dr. Bradley P. Mackler
Nanticoke Gastroenterology
924 Middleford Road
Seaford, DE 19973
302-629-2229

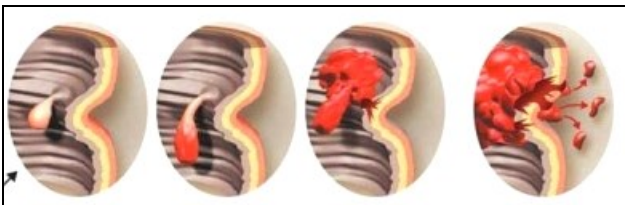
Reducing Your Risk for Colorectal Cancer

Colorectal Cancer Facts

It is estimated that there will be 153,000 new cases of colorectal cancer (CRC) in the United States in 2023. CRC is the third most common cause of cancer-related deaths in both men and women in the United States and the leading cause in men younger than 50 years.

Colonoscopy cancer screening has led to an increase in early detection and a decrease in CRC in persons age 50 and older. But over the past 10 years, CRC rates have been increasing in persons younger than 50 years, and 27% when diagnosed have advanced disease. For this reason, the recommended age to begin CRC screening was lowered from age 50 to age 45 for adults at average risk for CRC.

When detected early, the 5-year survival rate for persons with CRC is 91%



<p>1. Most polyps are small benign growths on the inside lining of the colon that eventually stop growing.</p>	<p>2. Some polyps continue to grow and can transform into cancerous tumors. These may still be removed by colonoscopy.</p>	<p>3. As colon tumors grow, they burrow deeper into the muscle wall that surrounds the colon. These tumors require surgery.</p>	<p>4. Once the cancer grows through the wall of the colon, it may spread to other parts of the body.</p>
--	--	---	--

Have you been avoiding having a Colonoscopy?

A recent study found that 4 out of 10 people age 45 and older were not up to date on CRC screening in 2021. Reasons for this vary but for some it is fear.

The physicians and staff at Seaford Endoscopy Center and Nanticoke Gastroenterology will listen to your concerns and provide you with the information you need and the comfort you deserve to help alleviate these concerns.

At Seaford Endoscopy Center, you can expect to receive personalized care before, during, and after your colonoscopy from our experienced staff of professional registered nurses, gastrointestinal associate technicians, secretarial staff, board certified anesthesiologists, and Dr. Mackler, a board-certified gastroenterologist. The Seaford Endoscopy Center is fully accredited by the Accreditation Association for Ambulatory Health Care and Medicare.

We hope the following information will answer some common questions and help alleviate any concerns you may have about your screening colonoscopy.

Frequently Asked Questions

1. **Why do I need a colonoscopy? I have no problems with my bowels.** You will not be able to feel a polyp in your colon. In fact, CRC is often present in people without any signs or symptoms. That is why it is so important to have regular colon cancer screenings to remove polyps before they become cancerous or detect CRC at an early, more treatable stage. The following signs and symptoms may be an indication of CRC, although they may also be caused by other less serious diseases.

- Blood in your stools
 - Narrower than normal stools
 - Unexplained abdominal pain
 - Unexplained change in bowel habits
 - Unexplained anemia
 - Unexplained weight loss
2. **What are my risks of developing colorectal cancer?** The following are considered risk factors for developing CRC.
- **Age:** over 45
 - **Diet:** Obesity and a diet made up mostly of high fat foods can increase the risk of CRC. A diet high in vegetable fiber improves bowel function and may decrease the risk of CRC. Green vegetables, calcium and folic acid may also have protective effects in the colon.
 - **Exercise:** People who are not active have an increased risk of CRC.
 - **Smoking and Alcohol:** Smokers are 30-40% more likely than nonsmokers to die of CRC. Moderate to heavy use of alcohol has also been linked to CRC.
 - **Personal history of Bowel Disease:** Persons with a personal history of CRC, intestinal polyps and inflammatory bowel disease are at higher risk for developing CRC.
 - **Family History/Genetics:** People with a parent, brother or sister diagnosed with CRC before age 60, or with two relatives of any age who have had CRC are at an increased risk. There are also specific inherited syndromes that put people at higher risk for CRC. It is worth noting that 85% of colorectal cancers occur in people with no family history of CRC.